

Document: Minutes (Draft & Unconfirmed)	
Meeting:	Board of Directors (session in public) Thursday 5 March 2020, 10:00 – 13:00, Education Centre, QVH site
Present:	Beryl Hobson (BH) Trust Chair (voting)
	Paul Dillon-Robinson (PD-R) Non-executive director (voting)
	Kevin Gould (KG) Non-executive director (voting)
	Steve Jenkin (SJ) Chief executive (voting)
	Abigail Jago (AJ) Director of operations (non-voting)
	Gary Needle (GN) Non-executive director (voting)
	Karen Norman (KN) Non-executive director (voting)
	Geraldine Opreshko (GO) Director of workforce and OD (non-voting)
	Lucy Owens (LO) Interim Director of finance (voting)
	Clare Pirie (CP) Director of communications and corporate affairs (non-voting)
	Jo Thomas (JMT) Director of Nursing [Items: 42-20 to 54-20]
In attendance:	Hilary Saunders (HS) Deputy company secretary (minutes)
	Jeremy Collyer (JC) Deputy medical director
	Peter Shore (PS) Lead governor
	Nicky Reeves (NR) Deputy director of nursing [Items 33-20 to 43-20]
Apologies:	Michelle Miles (MM) Director of finance
	Keith Altman (KA) Medical director
Public gallery:	One member of the Council of Governors, 2 members of the Care Quality Commission
Standing items	
33-20	<p>Welcome, apologies and declarations of interest</p> <p>BH opened the meeting and welcomed LO as interim Director of Finance and JC as Deputy medical director.</p> <p>NR was representing JMT for early part of the meeting.</p> <p>Apologies were noted as above. There were no new declarations of interest.</p>
34-20	<p>Patient story</p> <p>A patient joined the meeting to describe his experience following recent treatment at the Burns Assessment Unit. He was accompanied by the Patient experience manager and Burns unit matron,</p> <p>The patient described his entire experience in very positive terms, in particular the high level of clinical care, calm re-assurance and ongoing treatment provided by staff. He expressed thanks for the care he received, noting that his injuries had now almost completely healed.</p> <p>The Chair stated it was always gratifying to read such comments, noting it was assuring to know that our hospital had created such an impact; and agreed to write to thank the teams concerned on behalf of the Board.</p> <p>BH asked the patient to consider and feedback on areas where his experience might have been improved. In the meantime, she thanked him for taking the time to attend this morning's meeting.</p>
35-20	<p>Draft minutes of the meeting held in public on 09 January 2020</p> <p>The draft minutes of the meeting held on 9 January were approved as an accurate record, subject to the following amendment:</p> <p>Item 2.20 should read '<i>a strategic priority under consideration for the 2020/21 Quality report was a review of the hand trauma pathways</i>'.</p>

<p>36-20</p>	<p>Matters arising and actions pending The Board received the latest version of the matters arising and actions pending. This included an update on 7-day services from JC who, following a meeting with the 7DS team, felt there was a desire to work with the Trust to produce an audit that was relevant to QVH enabling a more realistic achievement of compliance.</p>
<p>37-20</p>	<p>Chair's report The Board received the Chair's update. BH asked the Board also to note that she had recently been involved in the appointment of new histopathologist consultant. She advised that either she or the Senior Independent Director would always chair consultant appointment panels as this ensured a stringent process whilst assessing candidates for their values as well as their clinical expertise.</p> <p>BH asked the CEO for an update following his recent letter to the Mims Davies, (MP for Mid Sussex), setting out the case for funding for a full time MRI scanner. Although the initial response had not been particularly favourable, SJ had sought additional clarity around what funding might be available and was awaiting a response. In the meantime, the Trust would continue to lease an MRI scanner from April 2020.</p> <p>There were no further comments and the Board noted the contents of the update</p>
<p>38-20</p>	<p>Chief executive's report SJ presented his regular update to the Board, highlighting the following:</p> <ul style="list-style-type: none"> • Scores for the overall BAF remained the same, the key risks to financial sustainability being underperformance against income plan, cost improvement plan and the underlying financial deficit. • Coronavirus (COVID-19): This continued to be a rapidly changing situation; the first confirmed cases of coronavirus in England were in Brighton and partners within Sussex Health and Care Partnership had worked collaboratively to support patients and primary care. An assessment pod was open on the QVH site with effect from today but testing was on a strict appointment basis with patients advised to phone NHS 111 rather than attend site. The Trust would continue to ensure it had appropriate facilities for patient assessment if needed. In response to questions raised by the Board SJ advised that whilst establishment of the pod was funded by QVH, costs were being captured so they could be reported nationally; it was hoped there would be central agreement with regard to underwriting costs. The Board noted there had already been an impact on certain supplies but this was now being managed nationally. In line with the pandemic flu plan, staffing would be managed as much as possible within current resources; however, the Board was reminded that QVH was not working in isolation but as part of a larger system. • SJ welcomed LO as Interim Director of Finance for a period of six weeks to cover the absence of MM. Since the last meeting, the Trust had submitted a reforecast of its plan. The Board was aware of challenges of reduced income; a significant challenge had been the lower number of additional theatre sessions the Trust had been able to manage; last year we fulfilled 708 extra sessions whilst this year (to the end of January) the figure was just 372. This is because of the ongoing pensions tax issue impacting on our consultant workforce. • Lucy Hall, burns unit deputy matron, has flown out to New Zealand for a month to help fellow nurses who continue to treat patients who were severely injured in the volcanic eruption. • An event was scheduled for Friday 6 March at which we would be discussing future clinical strategy with our commissioners. • The unprecedented rain in recent months had created major challenges on the aging site, however, of significant concern was the major theatres roof, which was only six years old. Works are under warranty and scheduled for completion in early March.

	<ul style="list-style-type: none"> • Dr Adrian Bull, Chief Executive of East Sussex Healthcare NHS Trust (ESHT) is to retire in September 2020. SJ noted the significant improvement and progress at ESHT during his tenure there. (Board members were reminded that Dr Bull was previously CEO of QVH between 2008 and 2013). • The Sussex Health and Care Partnership (SHCP) has been working to become an ICS from April 2020 in line with the Government's Long Term Plan. • A new publication from NHS Providers on specialised services described the key role they would play in developing the long-term plan, but also highlighted particular challenges. • Good media coverage had been achieved by the Trust again, as highlighted in the media update. <p>The Board considered the contents of the report, noting in particular:</p> <ul style="list-style-type: none"> • Whilst 88% of staff had stated that they believed care of patients/service users was the organisation's top priority, the Trust was not complacent and would continue to aim for over 90% in the future. The Board commended the team on the significant improvements achieved under its key strategic objective 5 (organisational excellence). • The specialist services report drew attention to the CEO of a specialist orthopaedic hospital who had highlighted the ongoing pension issue which was undermining long-term workforce strategy for specialised surgeons; this strongly resonated with our own findings. <p>There were no further comments and the Board noted the contents of the report.</p>
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Key strategic objectives 1 and 2: outstanding patient experience and world class clinical services

39-20	<p>Board Assurance Framework</p> <p>KSO1: No changes to current ratings. International recruitment programme continued to be extremely successful. Additional assurance was provided through the results of the 2019 Picker inpatient survey.</p> <p>KSO2: Whilst there had been a positive response to the radiology medical staffing vacancy, orthoplastic recruitment had been less successful so would go back out to advert shortly.</p> <p>There were no further questions and the Board noted the contents of the update.</p>
40-20	<p>Quality and governance assurance</p> <p>The Board received the quality and governance assurance report, seeking additional clarification as follows:</p> <ul style="list-style-type: none"> • Whilst there had been a slight increase in the number of formal complaints received compared to last year, incidents had not been attributed to any specific area. • The Board was assured that despite recent fluctuations in compliance for MRSA screening, the Infection and prevention control team remained vigilant. It was also noted that the red/green metric allowed no margin for error. <p>There were no further questions and the Board noted the contents of the update.</p>
41-20	<p>Corporate risk register (CRR)</p> <p>NR summarised the key changes to the corporate risk register this period as follows:</p> <ul style="list-style-type: none"> • Three new risks added: <ul style="list-style-type: none"> • Significantly reduced Consultant Histopathologist cover • Lack of Failsafe Officer • Understaffing within Appointments Team. • Three risks had been scored: <ul style="list-style-type: none"> • Canadian Wing staffing risk reduced due to an increase in number of staff recruited

	<ul style="list-style-type: none"> • Risk rating for inadequate Consultant Radiologist cover increased due to planned additional cover being no longer available. • Whilst the risk rating for the Site Team staffing had been reduced during this period, it would revert next period due to further changes. <p>The corporate risk relating to problems with the environmental temperature control in the histopathology laboratory had been closed following installation of air-conditioning. Additional assurance was found in this month's operational report which showed an improvement in this area.</p> <p>The Board sought assurance as to the potential impact on patient experience of the lack of a Failsafe officer; AJ described mitigations in place to manage this but acknowledged that not having a dedicated post in place was a challenge. GIRFT recommended every ophthalmology department have a dedicated Failsafe Officer to reduce risks of patients being lost to follow up and of undue delays to follow up appointments. AJ would put in place a manual process to address this. [Action: AJ]</p> <p>Whilst the Appointments team leader post had been recruited, challenges within the team would continue until the candidate took up post in a month's time.</p> <p>Noting that eight corporate risks were all staff related, it was agreed that the Finance and performance committee would consider how to capture the impact of this on performance at its next meeting [Action: PDR] Staffing was also an area that was closely monitored at Q&GC.</p> <p>The Board sought assurance in respect of the risk relating to the current PACS contract, (due to finish in June). SJ reported that work on agreeing a two-year extension was progressing well and a report would be considered at EMT shortly. QVH would include this as a cost pressure next year.</p>
<p>42-20</p>	<p>Quality and safety report</p> <p>The Board received the Quality and safety report. NR drew particular attention to:</p> <ul style="list-style-type: none"> • The section on coronavirus planning • Additional information (as requested by the Board recently) regarding flu vaccination 'opt-out'. QVH achieved 72% this year, but next year there was likely to be more focus on front line staff and less option for 'opt-out' <p>The Board sought and received additional clarification around the reasons given for opt out and queried whether the current coronavirus situation might affect uptake rates next year.</p> <p>JC directed the Board to the Trust's approach to new medical examiner guidance noting that QVH would become one of BSUH's 'designated sites'. As referenced under item 39-20, JC reported that three QVH/BSUH linked consultant orthoplastic posts would be going out again for advert, with the expectation that the successful candidates would take up post late summer.</p> <p>The Board considered the report, seeking additional clarification as follows:</p> <ul style="list-style-type: none"> • With reference to the clinical-harm review meetings, JMT explained that the clinical metric for harm is used universally and deterioration measured against the outcome that would have been expected. Whilst patients had waited longer than expected, they had been triaged appropriately. • The medical examiner guidance was a new process designed to provide additional assurance that nothing further could have been done to prevent a patient death. As a standalone site, implementation would have been difficult for QVH but partnership working would ensure a rigorous process.

Key strategic objectives 3 and 4: operational excellence and financial sustainability	
43-20	<p>Board assurance framework</p> <p>KSO3: AJ advised there had been no changes to the current risk ratings. The risk around orthodontic workforce vacancy would be removed as this had now been filled.</p> <p>KSO4: LO reminded the Board that the current risk rating remained at 25 reflecting the position the Trust had been in for some time.</p> <p>There were no comments and the Board noted the contents of the updates.</p>
44-20	<p>Financial, operational and workforce performance assurance</p> <p>The Board received the financial, operational and workforce performance assurance. The Board sought and received additional assurance with respect to service line reporting and plans to address those areas where contribution to overheads was lowest. Assurance was given that this was being built into the business planning process for 2020/21 but would also be reviewed as part of partnership working and how services would be delivered in the future.</p> <p>There were no comments and the Board noted the contents of the updates.</p>
45-20	<p>Operational performance</p> <p>AJ presented the operational performance report. The board noted that the future reports would be streamlined, with much of the current detail moved to appendices to make this more accessible to the reader.</p> <p>AJ directed the Board in particular to the following:</p> <ul style="list-style-type: none"> • 52-week position; this target was a national priority. The number of patients waiting beyond 52-weeks had increased due to ongoing challenges with patient choice protocols (of 19 patients outstanding, 13 wished to defer treatment). Theatre sessions were being carefully managed with an aspiration to reach single figures for March, but AJ reiterated that this would be dependent upon the outcome of individual patients and this could not be guaranteed. SJ reminded the Board that the NHS Improvement Intensive support team was satisfied with the Trust's operational grip and whilst fortnightly calls were still being held with the regulator, there was a general recognition that the Trust was unable to do anything further to eliminate patients from its waiting list. • A review of cancer targets was currently underway; the final target had yet to be confirmed but would be somewhere between 70%-85%, with phased increases in subsequent years. Details of the faster diagnosis standards were contained within the narrative of the report. <p>The Board considered the contents of the update seeking additional clarification as follows:</p> <ul style="list-style-type: none"> • A deep dive into 2-week waits was now complete. This had highlighted an increase in referrals at Medway but a dip in referrals to QVH, correlating with activity income. The Trust was currently developing a cancer sustainability plan to address challenges with capacity management in this area. • Ophthalmology was delivering over 100% efficiencies, achieved by overbooking and taking into account DNA attrition rates. This was not standard practice at QVH and whilst there was a risk that some patients may have to wait longer to date, this had not been reflected in patient experience reports. Whilst not appropriate for all services, in certain cases it would enable better flexibility around managing capacity and demand. The current process would be revisited once two-way text messaging was in place.
46-20	<p>Financial performance</p> <p>LO presented the financial performance reporting highlighting in particular:</p>

	<ul style="list-style-type: none"> • The current position was consistent with the Trust's revised Forecast Outturn deficit of £9.4m (submitted to NHSEI.). Some risk remained around activity which was being managed as closely as possible and other measures included deferring non-essential spend. • CIP performance now £600k behind target; in the event, the Trust had not been given the additional support from NHSI that it had been offered and this gap was part of the projected shortfall. Assurance was given that next year's CIP plan would not carry forward the additional £600k. • MO10 capital plan YTD is £180k behind. There is now an active management plan in place to bring forward schemes for next year in order to deliver this year's plan, eg. medical equipment where no formal tender process is required. <p>The Board discussed how far slippages in the plan had been as a result of the problems with the theatre roof. LO explained that the impact was predominantly due to capacity of Estates team and the time taken in tendering for medium to large schemes. In response to a query, the Board was also reminded that the telephony project had been postponed because funding for Windows-10 and EMD schemes had taken priority.</p> <p>SJ reminded the Board that the organisation had also completed the dental skills lab within very tight time scales, and was managing an additional £400k investment for cyber security, and so overall was satisfied with the capital position at present.</p> <p>There were no further questions and the Board noted the contents of the report.</p>
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Key strategic objective 5: organisational excellence

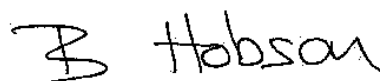
<p>47-20</p>	<p>Board assurance framework The Board received the latest BAF for KSO5, noting the only change was with regard to the 2019 staff survey results.</p>
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<p>48-20</p>	<p>Workforce monthly report GO presented the latest workforce report, highlighting:</p> <ul style="list-style-type: none"> • Key performance indicators showing significant gains in attraction and retention over the last 18-months; however, there was no room for complacency as the wider NHS had not experienced similar improvements and the benefits of the recently introduced nursing bursary would take around three years to become apparent. • The international recruitment programme had been very successful. Additional staff were due to join shortly but many were travelling from abroad, so this would be dependent upon the coronavirus situation. The Trust was keen to maintain its relationship with Yeovil and a proposal was underway to extend the international recruitment campaign, given projections of turnover and vacancy levels for 2020/21. • The annualised rolling turnover position had slightly increased from last month, but this was expected at this time of the year. • Whilst there had been improvements in the use of temporary staff, numbers could soon increase again as a result of coronavirus. Notwithstanding medical workforce, a significant fall in the use of agency staff over the last 12-months was noted. • Completion of the dental skills lab and simulation suite, which would enhance attraction and retention. <p>In response to a question, the Board was assured of the robust processes in place to ensure full compliance with information governance training; once compliant steps would be taken to ensure this impetus was not lost.</p> <p>The Board noted that there had been some resistance in rolling out the HSE stress audit tool. GO described some of the challenges due to timing, where initial roll out had coincided with</p>
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	<p>other surveys. However, a significant number of teams were now booked to start and some interesting data had already emerged which would inform recruitment and retention strategy.</p> <p>There were no further questions and the Board noted the contents of the report.</p>
<p>49-20</p>	<p>Best place to work</p> <p>The Board received a synopsis of the 2019 NHS staff survey results formally published last month. GO advised that presentation of the survey had remained largely consistent with last year and was based around 11 key themes (with Team Working new for 2019). QVH had shown considerable improvement across the board particularly in relation to staff recommending QVH as a place to work. More staff than previously recorded had responded and headlines included:</p> <ul style="list-style-type: none"> • Of the 90 questions asked, 12 responses were significantly better, 76 had no significant difference and two were significantly worse than in the previous year. • Significant improvement over the last two years (around 15%) in 'best place to work' reflecting work undertaken by the Trust on staff engagement. • 88% of staff had scored 'Care of patients/service users' as the organisation's top priority, a slight improvement on last year and in recognition of the recent CQC results. • Whilst it was difficult to benchmark given specialist services are different by their nature, when compared with a group of 14 specialist acute trusts, overall QVH scores were above average. However, the Trust scored below average on bullying and harassment. It was noted that staff had indicated an awareness of the zero tolerance policy towards bullying but were clearly not prepared to report this in some cases. • QVH had previously struggled with staff engagement scores, but this year we had shown continued improvement particularly in relation to recommending the organisation as a place to work (from 63% to 72%). • Areas of improvement, and those requiring development. • The Best Place to Work initiative would continue in order to gain insight into staff views on working at QVH <p>The Board considered the contents of the report noting as follows:</p> <ul style="list-style-type: none"> • That whilst it was gratifying to see such improvement, consideration should be given to how best to engage with the 40% of staff who had not responded to the survey. • Additional questions would be included in the staff friends and family test around bullying and harassment to triangulate with the staff survey findings. • Despite the increased response rate, more work was required around engagement with medical staff as current representation was insufficient. • Recommendations and next steps would be monitored by the Finance and performance committee, which would seek assurance that management were reviewing results for their areas and taking appropriate action. <p>There were no further questions and the Chair thanked everyone for their contribution towards achieving these improvements.</p>
<p>Governance</p>	
<p>50-20</p>	<p>QVH Partnership Development Board terms of reference</p> <p>SJ presented the terms of reference, which had been drafted to enable establishment of the QVH Partnership Development Board (QVHPDB); this would be constituted under the authority of the Boards of QVH and WSHT. At the first meeting of QVHPDB the draft ToRs had been carefully considered and were now presented to the QVH board for approval. In response to points of clarification, it was confirmed that:</p> <ul style="list-style-type: none"> • Although membership currently comprised Western and QVH at this stage, QVH was cognisant of the need for BSUH to be present at meetings. • Minutes and/or a summary report of the matters considered at each meeting would be circulated on a timely basis.

	There were no further comments and the Board approved the terms of reference.
51-20	<p>Board effectiveness review</p> <p>CP presented a report combining several pieces of information previously reviewed in a format which could evidence board performance over the last year. She asked the board to note in particular:</p> <ul style="list-style-type: none"> • The 'adopt a chair' initiative referenced in the report had not in fact been implemented; • Further consideration was required as to the skills needed for the increased level of partnership working and for potentially working as part of a hospital group. • Inclusion of the recommendation for annual review and approval of the board sub-committee terms of reference. <p>The Board considered the report seeking additional clarification as follows:</p> <ul style="list-style-type: none"> • The wording to describe delivery of the development of medium-term strategy would amended from 'complete' to 'closed' to reflect that this work was continuing as part of development of a hospital group. The Board noted this approach was consistent around how other actions plans were managed. • This action plan had been developed following an external assessor 'well-led' review and was not part of the CQC inspection action plan. <p>There were no further comments and the Board:</p> <ul style="list-style-type: none"> • Noted the contents of the evaluation • Approved the terms of reference for board sub-committees for the next 12 months.
52-20	<p>Nomination and remuneration committee assurance</p> <p>The Board received the Chair's assurance report.</p> <p>BH asked the Board to note that a further paper regarding Clinical Excellence Awards would be circulated to the committee shortly via email for approval.</p>
Any other business (by application to the Chair)	
53-20	There were none
Questions from members of the public	
54-20	There were none.

Signed:



Trust Chair.

Date: 18 June 2020 (via email)